

**Instructions for Providers  
Provider Income Eligibility Statement**

**If you are applying for foster child(ren) only, follow these instructions:**

**Part 1:** Do not complete.

**Part 2:** List name, age, and birth date of foster child(ren); check the box for foster child.

**Part 3:** Sign and date the form. The last four digits of a Social Security number are not necessary.

**If your household receives Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR) benefits, follow these instructions:**

**Part 1:** List the name and case number for any household member (including adults) receiving FAP, FIP, or FDPIR.

**Part 2:** List the name, age, and birth date for all children enrolled in day care.

**Part 3:** Sign and date the form. A Social Security number is not necessary.

**Note:** If you are a current Tier II provider, you must include supporting documentation to verify your active case number.

**Note:** Benefits received under Medicaid, WIC, or Department of Human Services (DHS) Child Care Assistance Program (where DHS pays a portion of your child care expense) does not automatically qualify for Tier I meal reimbursement to your provider.

**All other households, including households where some of the children are foster children, follow these instructions (not required if household is over the income limits and don't have any foster children):**

**Part 1:** Do not complete.

**Part 2:** List the names and ages of everyone (related or not related) living in your household, including you, other adults and children (If you need more space, use a separate sheet of paper.);

Place a ✓ in the column for all children enrolled in child care;

List household members' ages and dates of birth;

Place a ✓ in the next column if children in the household are foster children;

If no case number is indicated in Part 1, list (by person) the amount and source of income received last month. List monthly earnings **before** deductions, monthly welfare, child support or alimony or any other income including retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits, disability benefits, Worker's Compensation, unemployment, strike benefits, regular contributions of people who do not live in your household or any other income; and

If you are in the Military Housing Privatization Initiative or receive Combat Pay, do not include the housing allowance as income.

Foster child payments received by the family from the placement agency are not considered income and do not have to be reported. The presence of a foster child in a family does not make all children in the household automatically eligible for Tier I meal reimbursement.

If you are a farmer or self-employed, monthly income is gross farm or business income received in the month prior to application minus farm or business expenses. Gross wages from other jobs or income from other sources must also be listed as income. A loss from self-employment must be listed as zero income and cannot reduce other income.

If you are a current Tier II provider, you must include documentation to verify all reported household income.

**Part 3:** Sign and date the form and list the last four digits of your Social Security number or check the box indicating "I do not have a Social Security number."

**Help With Income**

To determine monthly income:

If paid every week, multiply the total gross income by 52 and divide by 12.

If paid every two weeks, multiply the total gross income by 26 and divide by 12.

If paid once a month, use the total gross income.

If paid twice a month, multiply the total gross income by 24 and divide by 12.

If paid once a year, divide the total gross income by 12.